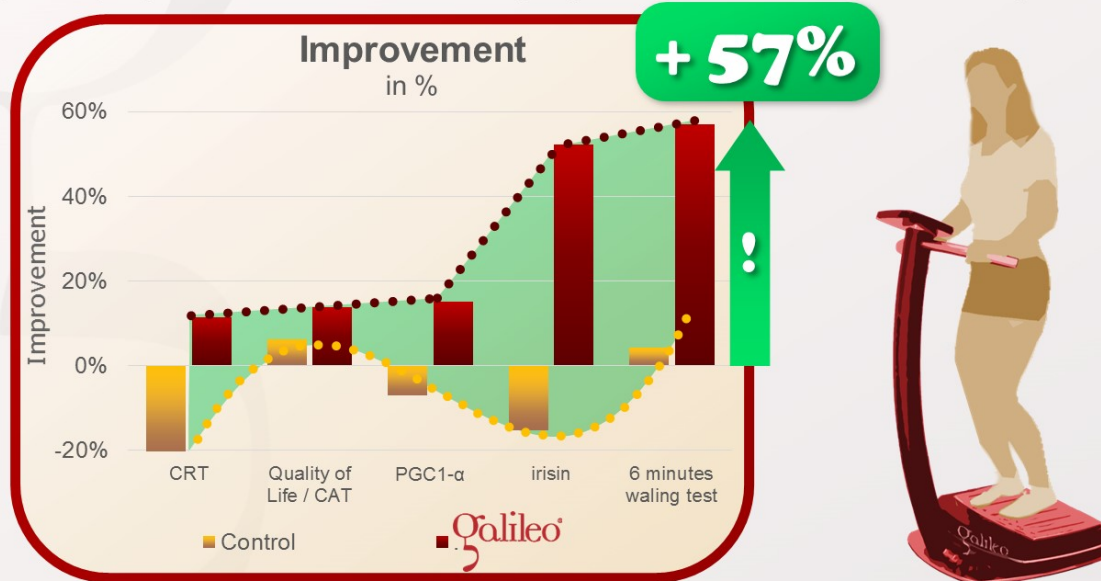


The answer is: YES

This study tested the effect of Galileo Training on muscle function and power in patients with acute COPD (exacerbations) (20Hz, pos. 2, 3*2 min., 5/week, 2-3 weeks, bent knees). Both groups received standard physiotherapy (20 min/day), the Galileo group additional Galileo training (3*2 min.). The Galileo group showed significantly higher results than the reference group with an increase in the 6. min. waling test of 57%.



Greulich T, Nell C, Koepke J, Fechtel J, Franke M, Schmeck B, Vogelmeier C, Koczulla AR, et al.: Benefits of whole body vibration training in patients hospitalised for COPD exacerbations - a randomized clinical trial.; BMC Pulm Med, 14(1):60, 2014; PMID: 24725369; CID: 3534

This study shows once more: Even inpatients with acute COPD (exacerbations) Galileo Training is not only safe but also increases muscle power and muscle function.

Even though the study used a very simple exercise: 3 times for 2 minutes standing with knees bent slightly on the Galileo a significant effect was accomplished.

Especially the relevant 6 minutes walking test (simply measuring the distance covered by the patient within 6 minutes) which is relevant for every-day tasks improved by almost 60%.



[BMC Pulm Med.](#) 2014 Apr 11;14:60. doi: 10.1186/1471-2466-14-60.

Benefits of whole body vibration training in patients hospitalized for COPD exacerbations - a randomized clinical trial.

Greulich T, Nell C, Koepke J, Fechtel J, Franke M, Schmeck B, Haid D, Apelt S, Filipovic S, Kenn K, Janciauskiene S, Vogelmeier C, Koczulla AR1.

Abstract

BACKGROUND:

Patients with stable COPD show improvements in exercise capacity and muscular function after the application of whole body vibration. We aimed to evaluate whether this modality added to conventional physiotherapy in exacerbated hospitalised COPD patients would be safe and would improve exercise capacity and quality of life.

METHODS:

49 hospitalised exacerbated COPD patients were randomized (1:1) to undergo physiotherapy alone or physiotherapy with the addition of whole body vibration. The primary endpoint was the between-group difference of the 6-minute walking test (day of discharge - day of admission). Secondary assessments included chair rising test, quality of life, and serum marker analysis.

RESULTS:

Whole body vibration did not cause procedure-related adverse events. Compared to physiotherapy alone, it led to significantly stronger improvements in 6-minute walking test (95.55 ± 76.29 m vs. 6.13 ± 81.65 m; $p = 0.007$) and St. Georges Respiratory Questionnaire (-6.43 ± 14.25 vs. 5.59 ± 19.15 , $p = 0.049$). Whole body vibration increased the expression of the transcription factor peroxisome proliferator receptor gamma coactivator-1- α and serum levels of irisin, while it decreased serum interleukin-8.

CONCLUSION:

Whole body vibration during hospitalized exacerbations did not cause procedure-related adverse events and induced clinically significant benefits regarding exercise capacity and health-related quality of life that were associated with increased serum levels of irisin, a marker of muscle activity.

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